



BOARD OF REGISTERED NURSING
PO Box 944210, Sacramento, CA 94244-2100
P (916) 322-3350 F (916) 574-8637 | www.rn.ca.gov

DATA REPORT FORM

NAME _____ RN License # _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

BASIC NURSING PREPARATION DIPLOMA/DEGREE(S) _____

NAME OF NURSING SCHOOL; _____

LOCATION: _____ YEAR GRADUATED _____

OTHER DEGREE/S _____ YEAR OBTAINED _____

OTHER LICENSE/S _____

CURRENTLY WORKING AS A RN? : _____ YES (if yes, Start date) _____ : No _____

NAME OF CURRENT EMPLOYER: _____

ADDRESS _____

YOUR POSITION _____ CLINICAL AREA _____

WORK DAYS _____ WORK HOURS _____ HOURS PER PAY PERIOD _____

IMMEDIATE SUPERVISOR _____ Ph # _____

RN MANAGER/DIRECTOR _____ Ph # _____

SOBRIETY DATE: _____

YOUR EMPLOYMENT FOR PAST 5 YEARS (INCLUDING THE ABOVE) IN ANY CAPACITY:

Dates of Employment

RN Position

RN Employer
